

OFFICE OF LEGISLATIVE RESEARCH  
PUBLIC ACT SUMMARY



**PA 13-125—sSB 837**

*Aging Committee*

**AN ACT CONCERNING THE DEPARTMENT ON AGING**

**SUMMARY:** The law established a Department on Aging effective January 1, 2013 and transferred to it all functions, powers, duties, and personnel of the Department of Social Services' (DSS) Aging Services Division. It required DSS to continue to administer programs that became the new department's responsibility until the governor appointed an aging commissioner (the commissioner was confirmed on April 18, 2013).

This act completes the Aging Department's establishment by transferring to it all Aging Services Division programs and responsibilities, including federal Older Americans Act (OAA) programs, the Statewide Respite Program, the Community Choices Program, the Long-Term Care Ombudsman Office, OAA funding for area agencies on aging, health insurance counseling, administration of state grants for elderly community services and programs, oversight of municipal agents for the elderly, elderly nutrition, and fall prevention. It also specifies that the (1) aging commissioner is a state agency head and thus serves at the pleasure of the governor and is subject to legislative approval and (2) Aging Department is an executive branch agency.

The act makes the Department of Housing (DOH) responsible for the state's congregate and Section 8 housing programs, instead of the Department of Economic and Community Development (DECD) and DSS, respectively (see BACKGROUND). It also transfers, from DECD to DOH, responsibility for serving on the Long-Term Care Planning Committee.

Finally, the act makes minor, technical, and conforming changes.

**EFFECTIVE DATE:** July 1, 2013, except that the provisions (1) designating the Aging Department as the state unit on aging; (2) making a technical change designating the Aging Department and commissioner as a state agency and state agency head, respectively; and (3) making a technical change regarding existing DSS orders and regulations take effect upon passage.

**§§ 1, 5, 7, 14-17, & 19-22 — TRANSFER OF CERTAIN DSS FUNCTIONS**

The act transfers authority over the following functions from DSS to the Aging Department:

1. overseeing municipal agents for the elderly (§ 1);
2. serving as the designated "state unit on aging" under the federal OAA and administering related programs (§§ 4 & 5);
3. establishing and overseeing a fall prevention program, within available appropriations (§ 7);

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4. establishing an outreach program to educate consumers on long-term care, including financing, asset protection, and insurance (§ 8);
5. providing information to help people choose appropriate long-term care insurance (§ 8);
6. awarding state grants for elderly community services and programs and using up to 5% of funds appropriated for these grants for related administrative expenses (§§ 16 & 17);
7. administering elderly nutrition programs (§ 19);
8. serving on the Long-Term Care Planning Committee (§ 20); and
9. operating the Statewide Respite and Community Choices programs (§§ 21 & 22).

### § 2 — CONGREGATE HOUSING

The act requires the DOH commissioner, instead of the DECD commissioner, to administer a congregate housing program.

It also requires the housing commissioner to consult with the aging commissioner, not only the DSS commissioner as DECD had to do under prior law, regarding the provision of services to residents with physical disabilities.

### § 3 — REGULATIONS REGARDING NURSING HOME FINANCIAL SOLVENCY REPORTING

The act requires DSS to work in conjunction with the Aging Department, not only the Public Health Department as under prior law, when adopting regulations on reporting requirements regarding nursing homes' financial solvency and quality of care. Nursing homes submit these reports to the Nursing Home Financial Advisory Committee to help determine their financial viability, identify those experiencing financial distress, and identify the reasons for the distress.

### §§ 3 & 4 — COORDINATION, STUDY, ASSESSMENT, AND MONITORING DUTIES

The act transfers, from DSS to the Aging Department, the requirement to continuously study the conditions and needs of the elderly for nutrition, transportation, home care, housing, income, employment, health, recreation, and other matters. It also makes the Aging Department, rather than DSS, responsible for overall planning, development, and administration of a comprehensive and integrated social service delivery system for the elderly. The department must do this in cooperation with federal, state, local, and area planning agencies on aging.

### §§ 6 & 23-24 — MEMBERSHIP ON CERTAIN ADVISORY BOARDS AND COUNCILS

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The act replaces the Commission on Aging's representative with the aging commissioner on the Low-Income Energy Advisory Board and the Connecticut Homecare Option Program for the Elderly Advisory Board.

It also adds the aging commissioner and the Aging Committee's chairs and ranking members, or their designees, to the membership of the Medical Assistance Program Oversight Council. The commissioner is an ex-officio, non-voting member of the Council.

### §§ 9-13 — LONG-TERM CARE OMBUDSMAN

By law, the state's Long-Term Care Ombudsman's Office represents the interests of residents in nursing and residential care homes and assisted living facilities. Among other things, the office receives and investigates residents' complaints about their care; provides education and information to consumers, agencies, and providers; and monitors state and federal laws and regulations.

The act moves the ombudsman's office from DSS to the Aging Department and makes other related technical and conforming changes.

The act also makes the aging commissioner, instead of the DSS commissioner, responsible for (1) appointing the Long-Term Care Ombudsman and (2) seeking funding for the ombudsman program's resident advocates.

### §§ 14 & 15 — OAA PROGRAMS

The act transfers, from DSS to the Aging Department, responsibility for approving plans of the state's five area agencies on aging, allocating OAA funds to these agencies, and reviewing and reporting to the legislature on funding allocation methods.

It also requires the Aging Department to inform the Aging Committee, not only the Human Services Committee, whenever it seeks federal approval to spend more OAA funds on state administrative costs than federal law allows.

### § 18 — CHOICES PROGRAM

The act transfers administration of the state's CHOICES program from DSS to the Aging Department. The program, which primarily helps seniors with their health care choices, including purchasing Medicare supplements, is authorized by and funded under both federal and state law. The act also:

1. requires the program to provide consumers access to, instead of maintain, a toll-free telephone number for obtaining advice and information on Medicare benefits;
2. requires the program to provide information through appropriate means and formats, instead of preparing and distributing written material;
3. requires the above information to include Medicare prescription drug benefits available through pharmaceutical drug company programs, not only those available through Medicare Part D;
4. eliminates a requirement that the program develop and distribute a Medicare consumer's guide and make it available to anyone who requests

it (the federal Medicare agency already publishes such a guide that it updates annually);

5. eliminates a requirement that the program provide a worksheet for consumers to use when comparing and evaluating Medicare plan options;
6. eliminates a requirement that the program collaborate with other state agencies and entities to develop consumer-oriented websites that provide information on Medicare plans and long-term care options (the Aging Department has a CHOICES website that appears to do this); and
7. permits the Aging Department, instead of requiring DSS, to include additional functions it deems necessary to conform to federal grant requirements.

The act permits the aging commissioner to adopt regulations to implement these changes. It also makes associated technical changes.

## § 26 — LONG-TERM CARE INSURANCE CERTIFICATION

Previously, the insurance commissioner could precertify only those long-term care insurance policies that, among other requirements, alerted purchasers to consumer information and public education DSS provided. The act replaces DSS with the Aging Department for this purpose.

## BACKGROUND

### *Department on Housing*

PA 12-1, June Special Session, established DOH, making it DECD's successor with respect to its housing-related functions, powers, and duties (including community development, redevelopment, and urban renewal). The housing commissioner is responsible for (1) all aspects of state housing policy, development, redevelopment, preservation, maintenance, and improvement of the state's housing stock and (2) developing strategies to encourage housing provision in the state, including for very low-, low-, and moderate-income families.

### *Elderly Programs and Services Remaining Under DSS*

DSS is the state's Medicaid agency, which means it is responsible for providing direct oversight of Connecticut's Medicaid programs. Thus, it will continue to administer all Medicaid-related elderly programs and services. These include, among others, the Connecticut Homecare Program for Elders, Money Follows the Person Rebalancing Demonstration, Medicaid Personal Care Attendant Waiver Program, the Balancing Incentive Program, and the Medicare and Medicaid Enrollee Demonstration.

### *Related Act*

PA 13-234 makes the same changes concerning DOH.

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